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ON THE BEST MODE OF PROVIDING FOR THE SUBJECTS OF CHRONIC INSANITY,

BY

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Man lives by reason; the brute by instinct. The greater size and complexity, and the higher organization, of the organs of reason, render them more susceptible to derangement than those of instinct; while the complex necessities, motives and struggles, which belong to a life of reason, evolve the numerous exciting causes of such derangement just in proportion as the reasoning being develops his pre-eminent intellectual powers and puts his feeble instinct into abeyance. When reason or motive is perverted by cerebral disorder or defect, man is both a dependent and an aggressive being. The utter incapacity to provide for himself which causes him to be regarded as an infant in the eye of the law, is more apparent because of its most frequent occurrence at a time of life when he is most independent in his normal powers, and when both his absolute and artificial wants are most numerous and pressing. Intensity of purpose and action is often in direct ratio to perversion of judgment or motive, and the insane man is not only disqualified for providing for his numerous wants, but has the inclination, and power if left to himself, to be exceedingly dangerous to life and property.

Insanity is a term used to express the mental symptoms of a physical disease or defect which generally admits of partial relief, and which often admits of entire cure. If cured, the subject of the disease regains all his inestimable, human prerogatives—the ability to mingle in society, and freedom to will and do of his own good pleasure. If relieved, as far as each case admits of relief by the diligent and skilful use of the appliances of modern science and benevolence, a life of sickness and privation is rendered

comfortable and often measurably happy. Such a helpless, dangerous, privative, and yet remediable when not curable, infirmity, appeals not only to the deepest sympathies, but to the self-interest of the whole race among which it prevails. Insanity is everywhere regarded as the chief ill to which flesh is heir; and it is the sentiment of enlightened Christendom, however imperfectly and variously that sentiment may be expressed, that the insane of all classes should have all their needs provided for, because they cannot provide for themselves; should have the medical and moral treatment that will alleviate, if not cure, their grievous disease; and should, as a rule, be restrained of their liberty, because it is unsafe for them to be at large.

If not cured, the pathological conditions of the brain which give rise to mental derangement, rapidly pass into a chronic condition, whose average duration is about equal to one-half of the mean length of human life. The result of efforts to establish by observation and pathological research the relations between the duration of mental disease and its curability, is the practice of classifying cases of not more than one year's duration as recent and presumptively curable, and those of more than one year's standing as chronic and probably incurable. Experience shows that this generalization is useful in estimating the tendencies in respect to recovery, or duration of illness, of large masses of the insane, and the provisions required for their proper maintenance and treatment; but when it is considered that, under the circumstances most favorable to recovery, about fifty per cent. of all the cases of insanity that occur in a community pass this arbitrary boundary-line which has been set to divide recent from chronic mental disease, while the rapidly diminishing probabilities of recovery are not found to be extinct in individual cases until the expiration of the third or fourth year after the invasion of the malady, it will be seen that such a generalization can be only an approximation to the truth, with many exceptions. As the recent insanity of a community imparts an increment of not far from fifty per cent. of all the cases that annually occur, to those of technically chronic mental disorder, while an uncertain period of several years expires before individual cases become hopeless, the two classes are, for a considerable period at least, inseparably linked with each other, and either a philosophical or a practical consideration of "the best mode of providing for the subjects of chronic insanity," should obviously form a harmonious part of a comprehensive scheme of providing for the treatment of insanity of every duration and form.

In the year 1866, the Association of Medical Superintendents of American Institutions for the Insane,* a body of the highest acknowledged au-

*Including those of the United States of America and of the Provinces of the Dominion of Canada.

thority in America in relation to the wants and claims of the insane, after an exhaustive discussion of the exact subject of this paper, adopted the following five propositions, the first four unanimously, and the last one by a considerable majority of the members present at the meeting of that year:

I. The large States should be divided into geographical districts of such size that a hospital, situated at or near the centre of each district, may be practically accessible to all the people living within its boundaries, and available for their benefit in case of mental disorder.

II. All State, county, and city hospitals for the insane should receive all persons belonging to the vicinage designed to be accommodated by each hospital, who are affected with insanity proper, whatever may be the form or nature of the bodily disease accompanying the mental disorder.

III. All hospitals for the insane should be constructed, organized, and managed, substantially in accordance with the propositions adopted by the Association in 1851 and 1853, and still in force.†

†Propositions offered by Dr. Kirkbride, and adopted at the meeting of the Association of Superintendents held in Philadelphia, May 21, 1851:—

(1) Every hospital for the insane should be in the country, not within less than two miles of a large town, and easily accessible at all seasons.

(2) No hospital for the insane, however limited its capacity, should have less than fifty acres of land devoted to gardens and pleasure grounds for its patients. At least one hundred acres should be possessed by every State hospital, or other institution for 200 patients, to which number these propositions apply unless otherwise mentioned.

(3) Means should be provided to raise ten thousand gallons of water, daily, to reservoirs that will supply the highest parts of the building.

(4) No hospital for the insane should be built without the plan having been first submitted to some physician or physicians who have had charge of a similar establishment, or who are practically acquainted with all the details of their arrangements, and having received his or their full approbation.

(5) The highest number that can with propriety be treated in one building is 250, while 200 is a preferable maximum.

(6) All such buildings should be constructed of stone or brick, should have slate or metallic roofs, and, as far as possible, should be made secure from accidents by fire.

(7) Every hospital having provision for 200 or more patients, should have in it at least eight distinct wards for each sex, making sixteen classes in the entire establishment.

(8) Each ward should have in it a parlor, a corridor, single lodging rooms for patients, an associated dormitory communicating with a chamber for two attendants, a clothes-room, a bath-room, a water-closet, a dining-room, a dumb-waiter, and a speaking-tube leading to the kitchen or other central part of the building.

(9) No apartments should be provided for the confinement of patients, or as their lodging-rooms, that are not entirely above ground.

IV. The facilities of classification or ward separation possessed by each institution, should equal the requirements of the different conditions of the

(10) No class of rooms should ever be constructed without some kind of window in each, communicating directly with the external atmosphere.

(11) No chamber for the use of a single patient should ever be less than eight by ten feet, nor should the ceiling of any story occupied by patients be less than twelve feet in height.

(12) The floors of patients' apartments should always be of wood.

(13) The stairways should always be of iron, stone, or other indestructible material, ample in size and number, and easy of ascent, to afford convenient egress in case of accident from fire.

(14) A large hospital should consist of a main central building, with wings.

(15) The main central building should contain the offices, receiving rooms for company, and apartments, entirely private, for the superintending physician and his family, in case that officer reside in the hospital building.

(16) The wings should be so arranged that if rooms be placed on both sides of a corridor, the corridor should be furnished at both ends with movable, glazed sashes, for the free admission of both light and air.

(17) The lighting should be by gas, on account of its convenience, cleanliness, safety, and economy.

(18) The apartments for washing clothing, etc., should be detached from the hospital building.

[19] The drainage should be under ground, and all the inlets to the sewers should be properly secured, to prevent offensive emanations.

[20] All hospitals should be warmed by passing an abundance of pure, fresh air, from the external atmosphere, over pipes or plates containing steam under low pressure, or hot water, the temperature of which at the boiler does not exceed 212 degrees Fahr., and which are placed in the basement or cellar of the building to be heated.

[21] A complete system of forced ventilation, in connection with the heating, is indispensable to give purity to the air of a hospital for the insane, and no expense that is required to effect this object thoroughly, can be deemed either misplaced or injudicious.

[22] The boilers for generating steam for warming the building, should be in a detached structure, connected with which may be the engine for pumping water and for driving the washing apparatus and other machinery.

[23] All water-closets should, as far as possible, be made of indestructible materials, be simple in their arrangement, and have a strong downward ventilation connected with them.

[24] The floors of bath-rooms, water-closets, and basement-stories, should, as far as possible, be made of materials that will not absorb moisture.

[25] The wards for the most excited class should be constructed with rooms on but one side of a corridor not less than ten feet wide, and the external windows should be large, and should afford pleasant views.

[26] Wherever practicable, the pleasure grounds of a hospital for the

several classes received by such institutions, whether these different conditions be mental or physical in their character.

V. The enlargement of a city, county, or State institution for the insane, which, in the extent and character of the district in which it is situated, is conveniently accessible to all the people of such district, may be properly

insane should be surrounded by a substantial wall, so placed as not to be unpleasantly visible from the building.

The following propositions, also offered by Dr. Kirkbride, were adopted at a meeting of the superintendents held in Baltimore, May 10, 1853:—

[1] The general controlling power of a Hospital for the Insane should be vested in a board of trustees or managers; if of a State institution, selected in such manner as will be likely most effectually to protect it from all influences connected with political measures or political changes; if of a private corporation, by those properly authorized to vote.

[2] The board of trustees should not exceed twelve in number, and should be composed of individuals possessing the public confidence; distinguished for liberality, intelligence, and active benevolence; above all political influence; and able and willing faithfully to attend to the duties of their station. Their tenure of office should be so arranged, where changes are deemed advisable, that the terms of not more than one-third of the whole number shall expire in any one year.

[3] The board of trustees should appoint the physician, and, on his nomination, and not otherwise, the assistant physician, steward, and matron. It should, as a board or by committee, visit and examine every part of the institution, at frequent, stated intervals, not less than semi-monthly, and at such other times as it may deem expedient, and should exercise so careful a supervision over the expenditures and general operations of the hospital, as to give to the community a proper degree of confidence in the correctness of its management.

[4] The physician should be the superintendent and chief executive officer of the establishment. Besides being a well-educated physician, he should possess the mental, physical, and social qualities to fit him for the post. He should serve during good behavior, and should reside on, or very near, the premises, and his compensation should be so liberal as to enable him to devote his whole time and energies to the welfare of the hospital. He should nominate to the board suitable persons to act as assistant physician, steward, and matron; he should have the entire control of the medical, moral, and dietetic treatment of the patients, and the unrestricted power of appointment and discharge of all persons engaged in their care; and should exercise a general supervision and direction of every department of the institution.

[5] The assistant physician or physicians, where more than one are required, should be graduates of medicine, of such character and qualifications as to be able to represent and to perform the ordinary duties of a physician during his absence.

carried, as required, to the extent of accommodating 600 patients, embracing the usual proportions of curable and incurable insane in a particular community.

No one of these propositions has since been either repealed or modified, and the experience of the ten years which have elapsed since they were adopted, has fully established their soundness and practicability (except, possibly, in respect to the last, which fixes an arbitrary maximum number of patients that may be accommodated in one institution), not less than ten States and one Province, if not more, having proceeded to provide for their

[6] The steward, under the direction of the superintending physician and by his order, should make all purchases for the institution; keep the accounts; make engagements with, pay, and discharge those employed about the establishment; have a supervision of the farm, garden, and grounds; and perform such other duties as may be assigned him.

[7] The matron, under the direction of the superintendent, should have a general supervision of the domestic arrangements of the house, and, under the same direction, do what she can to promote the comfort and restoration of the patients.

[8] In institutions containing more than 200 patients, a second assistant physician and an apothecary should be employed, to the latter of whom, other duties, in the male wards, may be conveniently assigned.

(9) If a chaplain be deemed advisable as a permanent officer, he should be selected by the superintendent, and, like all others engaged in the care of the patients, should be entirely under his direction.

(10) In every hospital for the insane, there should be one supervisor for each sex, exercising a general oversight of all the attendants and patients, and forming a medium of communication between them and the officers.

(11) In no institution should the number of persons in immediate attendance on the patients be in a lower ratio than one attendant for every ten patients; and a much larger proportion of attendants will commonly be desirable.

(12) The fullest authority should be given to the superintendent to take every precaution that can guard against fire or accident within an institution, and to secure this an efficient night-watch should always be provided.

(13) The situation and circumstances of different institutions may require a considerable number of persons to be employed in various other positions; but in every hospital, at least all those that have been referred to, are deemed not only desirable but absolutely necessary, to give all the advantages that may be hoped for from a liberal and enlightened treatment of the insane.

(14) All persons employed in the care of the insane should be active, vigilant, cheerful, and in good health. They should be of a kind and benevolent disposition, should be educated, and in all respects trustworthy, and their compensation should be sufficiently liberal to secure the services of individuals of this description.

insane upon the principles which they enunciate, and to embody them in their statutes. As I have intimated, the best provision for the subjects of chronic insanity should be embraced in a comprehensive plan of providing for the insane of all classes. The above propositions were intended to embrace such a plan, and, as I prepared them, it will suit my convenience in the treatment of this question to attempt to reproduce the considerations that led to the views which they express; and perhaps this mode of presenting the matter will be more satisfactory to the Section, and more useful to the public, than any other. I propose to consider the propositions *seriatim*, and to lay particular stress upon the bearing of each upon the care of the subjects of chronic insanity.

The first proposition declares that "the large States should be divided into geographical districts of such size that a hospital situated at or near the centre of each district, may be practically accessible to all the people living within its boundaries, and available for their benefit in case of mental disorder." The obvious purpose of this is to affirm that institutions for the insane must be within the reach of the people whom they are intended to accommodate, in order that their insane may be sent to them; and it was framed in view of the fact that many hundreds of persons suffering from acute insanity had not received the hospital treatment that had been provided for them, and had consequently run into the hopeless stages of the disease, because of the long, fatiguing and expensive journeys necessary to reach either the nearest hospitals, or those to which they were entitled to go. It is obvious that the principles of this proposition lie at the very foundation of an adequate provision for the insane, whether the form of their disease be recent or chronic. In an article on "The Use of Insane Hospitals," in the number of the *Journal of Insanity* for January, 1866, by Dr. Edward Jarvis, will be found a table which shows that, in the course of a series of years, twenty-two institutions in the United States and the Dominion of Canada received annually an average of one patient to 3,974 of the population of the districts in which they were situated, and that the ratio of patients to population constantly and rapidly diminished in every case as the distances from the institutions increased, until an average of only one patient in 18,978 of the population of the fourth tier or belt of counties from the hospital centres, was sent to them. It is not reasonable to suppose that institutions for the insane breed insanity in the populations immediately surrounding them, nor that insanity is of more frequent occurrence in their near neighborhood than in more remote districts, and hence the only reasonable conclusion is that the remote districts were, solely on account of their remoteness, to a great extent deprived of the use of hospi-

tals. This less use of hospitals by distant districts, is doubtless in some part due to the less acquaintance with their management and benefits than is acquired by people situated nearer to them, but in greater part to the disinclination of public authorities, and the inability of friends, to incur the expenses of transporting patients long distances with the necessary escorts, and to the apprehended danger to the lives of delicate persons from the exposures and fatigues of a protracted journey.

It follows, as Dr. Jarvis says, that hospitals are somewhat local in their operation, and that, in order that their benefits may be enjoyed in case of need, they must be, in the language of the proposition, *practically accessible* to all the people residing within the boundaries of the district which each is intended to accommodate. *A necessity so vital to the welfare of the people, becomes the bounden duty of the State.* No rule limiting hospital districts to an exact and uniform area, can be laid down. Indeed, it would not be possible to divide the States and Provinces in such a way that a central institution should not be more or less difficult of access from one or more remote corners of the district which it was intended to accommodate, but intelligent legislators will in most cases be able to approximately meet the requirements of the proposition, if they are imbued with a sense of its vital importance to the needs of, an afflicted class of their constituents. In districting States and Provinces having large areas of unsettled, or partially settled territory, reference should be had to the probable direction and extent of the growth of their populations, lest a sufficient number of institutions for the whole area of the State or Province should be so placed in the original centres of population as not to accommodate the subsequent settlements. Indisputable facts show that the remote inhabitants of a district must be able to reach its hospital by a journey that can be made during the waking hours of a single day, or they will not avail themselves of its benefits. Such a generalization will aid in the practical solution of this problem, for it will readily be seen that insane persons can be conveyed to a hospital by railroad from a distance of seventy-five or a hundred miles with more convenience and less expense than they can be conveyed half that distance by ordinary carriage-roads, and that the number and directions of the railroads and the character of the carriage-roads of a proposed district, should have much influence in determining its size and shape, and the situation of its hospital. The practicability of the early treatment of acute insanity will increase the number of recoveries, and proportionately diminish the number of cases of chronic insanity to be provided for. This brief discussion of this first and fundamental element of all adequate public provision

for the insane, is, therefore, pertinent to the particular question under consideration.

I now come to the second proposition of the series. It is, *that all State, county, and city hospitals for the insane, should receive all persons that belong to the vicinage designed to be accommodated by each hospital, who are affected with insanity proper, whatever be the form or nature of the bodily disease accompanying the mental disorder.* Except in some of the New England States, the ordinary poor of the United States are generally maintained in county alms-houses, and, in harmony with that practice, and mainly from mistaken motives of economy, most county authorities are disposed to provide for their *insane* poor as well as for their other dependent classes. The populous and wealthy counties, whose insane are numbered by hundreds, and are sufficient to fill one or more institutions of suitable size, may properly establish and maintain hospitals of their own, and thus save the cost of transportation, and secure the benefits of local employment and trade, and of easy access. It may with reason be maintained that as State legislators and officials are from their position, if not from their personal character, likely to entertain broader and more liberal views of their duty to the sick and unfortunate, and to be less under the influence of petty local strifes and parsimonies, than the officials of the subordinate municipalities, the States and Provinces should take direct charge of this class of their dependents, so peculiar in its wants and in its liability to suffer from neglect or abuse. There are several county and city institutions the material appointments and management of which are equal to those of the average State and Provincial asylums, and it is due to truth and professional character to declare, in this public manner, that the unsatisfactory condition of others is attributable to defective means and organization, and not to the very respectable medical gentlemen who now have, or have had, charge of them. Without exception, these gentlemen appear to have discharged their duties with humanity and ability, and with very remarkable industry and perseverance, in view of the difficulties and discouragements that have attended their work. City institutions for the insane are subject to the same objections as those of the county, and to the additional objection that a city will seldom, if ever, be able to afford within its limits the area of ground necessary for salubrity, privacy, and cultivation; and rather than that a city should go outside of its territory to establish and maintain an institution for its own exclusive benefit, it would be more feasible for the common authority over the city and neighboring municipalities, to take charge of this sacred function of government and administer it for their equal benefit.*

*There is at this time a conspicuous movement in this direction. During the progress of the construction of the buildings of a State hospital for the

To effectively prevent the peculiar abuses that are liable to creep into institutions for the insane governed by local authorities, State and Provincial statutes, with heavy penalties for their violation, should require them to be constructed, organized and conducted substantially as the State and Provincial hospitals or asylums are usually appointed and maintained; and should especially require them to receive, whenever the friends may desire it, the insane of the favored classes in respect to property, either as pay patients, or as free patients supported, like all others, from the common fund of the municipality. One of these courses is pursued by all the State institutions, and there is no one feature of their organization that is as effective as this in preventing their management from falling below a liberal, curative standard. The poor will generally be well taken care of when they receive such treatment as the middle classes in respect to fortune are willing to pay for, or are satisfied with without payment, except indirectly as taxpayers. The rich will generally be sent to the corporate or private institutions, all the inmates of which are independent, and can more conveniently receive in them such indulgencies as their habits and tastes require and their means allow, than they can in large institutions, most or all of the inmates of which are a public charge. The second proposition, in theory at least, solves the question before the Section. The reception and care by every public hospital for the insane of all persons belonging to the vicinage—that is, within the hospital district—who are affected with insanity proper, includes, of course, the reception of those whose insanity is chronic, and this is believed to be the best of all the provisions for their care which have been, or are, or possibly can be made, or which have been suggested or advocated.

The movement of the insane, under this scheme, will be simply as follows: The recent insane are promptly placed in district hospitals, and there receive the treatment most conducive to their comfort and recovery. About one-half of them recover, and return to their homes and employ-

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insane in Danvers, Mass., which are about to be opened for the reception of patients, it has generally been understood that the *Boston* (city) *Lunatic Hospital* would be discontinued and that all the dependent insane of the north-eastern counties of that State would be accommodated in the State institution, but I believe it is yet undecided whether Boston will continue to maintain its own separate provision for its insane or not. New York is erecting in or near Buffalo large buildings for the care of the insane of the western counties of that State, including, I believe, the cities of Buffalo and Rochester and several other populous towns. Pennsylvania, by appropriating at once the whole amount thought to be necessary for the completion of the work, will promptly establish a much-needed hospital for the insane of the south-eastern counties of that Commonwealth, including the great city of Philadelphia.

C. H. N.

ments, or die, in the course of the year that follows their admission; the other half remain where they are without additional expense for transportation, and continue to receive care and treatment adapted to the condition of each case. Those who still give promise of improvement, are treated with that end in view, and occasionally reward persevering efforts in their behalf by entire recovery of reason; those who continue to be actively maniacal, or melancholic, or who exhibit suicidal, homicidal, or other specially dangerous propensities, and the paroxysmal cases, whether simple or epileptic, receive the care that secures to each case the highest degree of comfort and safety of which it is susceptible, *and that is as necessary now as in the acute stage of the disease.* A few, perhaps ten per cent., of the annual additions to the chronic members of the hospital family, pass early into the mechanical, but not always unhappy, life of passive dements, whose bodily habits are regulated, and whose comforts are ministered to, by the order and appliances of the institution, while they engage, with more or less interest in its character and results, in such labor as they are capable of, in the wards, kitchens, laundry and stables, and in the gardens and fields, when the sun is not too hot for their weak brains, nor the air too cold for their feeble circulations. The subjects of chronic insanity render considerable assistance in the wards occupied in part by the recent cases, and somewhat reduce the number of attendants that need to be employed; while the labor of the insane is mostly performed by the chronic patients, the recovery of those who have been recently affected is occasionally much promoted by industrial exercise, and they will here and there fall into a party of regular workers with more facility than they will work either by themselves, or in company with others whose cases are entirely of their own class. The habitual employment of a large number of patients is calculated to suggest and justify a variety of occupations, among which the recently affected may find those adapted to their respective capacities. The insane may be much benefited by labor, and may also be greatly injured by it, for compulsory labor would cause the rapid and cruel sacrifice of many of the insane, both of the acute and chronic classes. The condition of the brain and the probable effects of labor upon it, should be carefully considered before each patient is put to work, and the effects of his work as carefully watched. The medical judgment that prescribes and regulates the labor of the insane, should be as able and critical as that which prescribes the drugs that are administered to them; and a medical staff accustomed to consider the conditions under which a large number of subjects of both recent and chronic insanity may labor without detriment, if not with advantage, will become more acute and just in its discriminations, and less liable to fall into injurious errors,

than a staff of less experience in this particular. The extreme vicissitudes of the American climate, with its fierce summer heats and depressing winter-colds, seem to admit of less labor by the insane in the open air than the more equable climate of Europe. If the disease be more active here than there, as many represent, our insane cannot advantageously work as much, either in-doors or out, as theirs, and yet, if such a sense of the importance of labor as a sanitary measure in treating the insane, especially of the working classes, prevailed here as appears to prevail abroad, the *systematic* employment of our patients would probably become a constant feature in the administration of our hospitals, with an improvement in the health, contentment, quietude, cheerfulness and happiness of their inmates.

The scheme of providing for the insane of all classes in institutions situated at or near the centres of limited districts, renders it practicable for the kindred of the chronic patients to visit them occasionally, and, in addition to the immediate happiness which such visits confer, they may open the way to the return of a portion of the subjects of passive, settled dementia to the care and support of their families. The practice of furloughing patients, which obtains among the English asylums, has been resorted to, to a limitent extent, in this country and the Provinces. If it should here become an approved measure, either of treatment or of relief of over-crowded institutions, it will be practicable and frequently resorted to only under the district system. A patient's return on furlough to his home one or two hundred miles from the hospital, must in practice prove equivalent to a final discharge, both from the custody and from the oversight of the institution.* The subjects of chronic insanity, to whom the habits of the hospital have become a second nature, are efficient aids in maintaining its discipline. Most of the recent patients, admitted one by one, unconsciously imitate the companions with whom they are thrown, and readily fall into the order of the hospital, without friction, and without special instruction or exercise of authority which many would excitedly, if not violently, repel.

In America, the insane of every degree of culture and refinement, and of ignorance and rudeness, as well as of every nationality, are received into all our institutions. The character of the institution to which a patient is sent, is mainly determined by his means, or those of his near friends who may aid him in his extremity. Each class has its conditions of happiness: The first for every class, is society after its kind; after that, the cultivated

*The furlough would not, of course, be likely to be resorted to if the patient's home were at such a distance from the hospital that he could not readily be returned to it, should the necessity arise. C. H. N.

demand articles of taste and delicacy, which may be an inconvenienec to the ignorant; the ignorant demand the substantial conditions of physical comfort and health, which, by themselves, are bare, deficient and depressing to the refined. After insanity has been under treatment for a year, those cases that are complicated with paralysis and other indubitable evidences of organic cerebral disease, may be classed with the cases of four or more years' duration, while cases which exhibit no evidences of organic disease may still be classed among the hopeful, and should be treated as such; but beyond the rule, which should be inflexibly adhered to, that the violent and turbulent should be entirely separated from the quiet and orderly, all rules of classification in American institutions are, and should be, regarded as generalizations which afford much aid in a proper distribution of the inmates of each establishment, but from which there must be constant departures in every effort to secure the highest comfort and the utmost alleviation of which individual cases are susceptible. As a general rule, epileptics should be placed in one or more wards by themselves, but it would be an unnecessary cruelty to subject a person of refined sensibilities whose paroxysms are light and infrequent, to the constant observation of the painful scenes of an epileptic ward. Such a patient may often be an agreeable and useful associate of the convalescents. On the other hand, culture is sometimes brutalized by dissipation and disease, and, though not physically violent, the possessor of early social and educational advantages is sometimes a most unfit associate for real gentlemen and ladies. It must be obvious, and this is the lesson of experience, that such a critical classification can be carried into more satisfactory details in the treatment of the collected insane of a community, than in the exclusive treatment of either class, or of a single division.*

In estimating the necessary conditions of the best provision for the subjects of chronic insanity, it should be borne in mind that this is precisely the same disease in its nature and phenomena as recent insanity. They differ only in duration, in the proportion of cases of passive dementia, and in the prospect of restoration. It follows that the active forms of chronic, mental disease require precisely the same treatment as the recent. The protection of society and of the individual, and the mitigation of the pains and privations of disease, are as much demanded in the case of the chronic maniac, whether his mania be constant, recurrent, periodical, or epileptic, as in that of the recent; and it stands to reason that a medical staff constantly

*By "either class" the great subdivision into *acute* and *chronic* cases is referred to. By a "single division" is meant such a sub-class as the *epileptics*, *paralytics*, *passive demens*, and the like.

accustomed to treat recent insanity with the expectation of curing it, is likely to be better prepared, both by knowledge and habit, to treat chronic disease for its alleviation, than one whose professional efforts in the exclusive treatment of chronic disease are very rarely rewarded by a full restoration.

The theoretical grounds of the rule that all public institutions should receive the subjects of both recent and chronic insanity, are sustained by the crucial test of experience. Nearly every institution for the insane in Christendom is to-day occupied by cases of every variety, duration, and manifestation; from the last admitted, in which the outbreak occurred but a short time ago, to the most hopeless case of fatuity. The exceptions are a very few—not, I think, as many as half a dozen altogether—which are occupied exclusively by chronic and presumptively incurable inmates. I know of none which receives only recent cases and discharges them as soon as they become chronic. The presence of recent and chronic cases in all institutions is, of course, due in part to the retention of cases which were admitted when recent, and which have passed to the chronic state; but it is by no means wholly due to a circumstance so natural and purposeless. Not only was the subject of the care and treatment of the victims of chronic insanity fully discussed, both in Great Britain and on the continent of Europe, long before the question became an urgent one in this country, but, after trying various experiments in separating, to a greater or less degree and in various ways, the acute from the chronic cases, the Europeans have all, I understand, come back to what in England is called the *public-asylum*, and here the *State-asylum, or hospital, system*. In fact, if the public institutions for the insane in the United States and the Provinces of the Dominion were to be distinguished by the character of their inmates in the respect under consideration, they should be styled *asylums for the subjects of chronic or incurable insanity*, and if the recent and chronic cases were to be separated, the most numerous class (the chronic) would naturally take the present institutions, which are much too large for the recent, and the pertinent and pressing question of the day would then be *the best provision for the recent or acute insane*. Estimates kindly furnished me by 27 superintendents of the United States, show that, on an average, 12½ per cent. of the cases of insanity in 22 States are of less than one year's duration, and the remainder chronic. Five of their superintendents estimate the average ratio of recent to chronic cases of insanity in the Provinces of Canada to be 7.8 per cent. As only five of the States make full provision for all their insane, in institutions having a resident medical head, it may be that the ratio of recent to chronic cases, under treatment in them, is a little greater than in the whole insane population of those States; but I am more

inclined to think that the estimates of recent cases are too high, and will not be borne out by the results of treatment. The proposition is not only sustained by the practice of the institutions of both the old and new worlds, but by the authority of the ablest and most experienced men in the specialty. Among readers of the English language the names of Dr. Bucknill and Dr. Robertson, of England, and Dr. Earle, of this country, are best known in this connection.

Perhaps a full consideration of the plan for providing for the subjects of chronic insanity, now as fully set forth as the time allowed me will permit, should embrace answers to the objections that have been, or may be, made to it. It has been said that the retention of chronic cases in the hospitals in which they have been placed, brings no direct relief to the wretched lunatics in the county alms-house receptacles. It does not, except by arresting all additions to their number, which would certainly be a great and happy achievement; but the objection is answered by a simple declaration of the obvious truth, that it is less expensive and in every way more feasible to provide for the alms-house insane in district institutions than in any other proper way. It will cost less for the necessary enlargement of buildings and their appointments, and for transportation. If a sufficient number of district institutions already exist, they can be enlarged both so as to retain all the patients whom they do not cure, until they die, if their condition require it, and to receive the alms-house patients at less expense than would be incurred by providing for them either independent central, or district, asylums of a proper kind; and if there are not enough district institutions to make them practically accessible to all acute cases, they certainly should, for reasons that have been given, be provided as rapidly as possible, with accommodations for all the chronic cases of the vicinage.

It has been said that the States (I do not recollect that it has been said of the Canadian Provinces) will not incur the outlay necessary to provide institutions with such appointments and management as are deemed necessary for recent cases; but this declaration is shown to be unfounded by the activity and liberality which are displayed at this moment by the greater number of the leading States, in establishing excellent district institutions for all their insane, of both the acute and chronic classes. Five States have provided for every case within their borders not preferably provided for by friends, and others will soon have discharged the same duty. An editorial table in a recent number of the *American Journal of Insanity* shows that the total present and prospective capacity of the institutions for the insane in the United States is for 35,325 inmates, at a cost, according to a table prepared by Dr. Conrad, of the Maryland Hospital, of at least $35,000,000,

with an annual expenditure, at this time, for maintenance, of $5,000,000. This has mainly been accomplished in the last half of that century of our national existence which has just terminated, scarcely as many as the odd 325 of the number now under treatment having been provided for fifty years ago. I am sorry to be compelled to acknowledge that there is not yet sufficient hospital provision for the insane in the United States, and that in a few instances that which exists is seriously defective in material appointment and organization; but I cheerfully submit the work of the first century of the Republic in the personal care and legal protection of the insane, to the judgment of our impartial psychological brethren abroad, with much confidence that it will be deemed to be indicative of a high degree of enlightenment and liberality on the part of the American people who have sustained it with their means; of true science and humanity on the part of American psychologists; and of genuine Christian benevolence on the part of the noble men and the philanthropic woman,* who have executed it with the best efforts of their heads and hearts.

As the third, fourth and fifth propositions relate to the means and modes which render the approved and prevailing plan of providing for the subjects of chronic insanity practicable and successful, I shall briefly consider them together. The propositions of 1851 and 1853, referred to in the series of 1866, and quoted in the foot-note to page 3, express in considerable detail the essential conditions, both material and administrative, of the successful treatment of the insane, and, being of acknowledged authority, have prevented many costly errors of ignorance in establishing the institutions of the country, and have efficiently promoted the general uniformity and excellence of their management. With the experience of the quarter of a century during which those propositions, 40 in number, have been in force, they are, with slight modifications, considered as judicious and binding as when they were put forth, except that a change of circumstances and further experience have rendered it necessary to depart from two or three of the rules which use arbitrary numbers in expressing their requirements. The increased numbers of the insane to be provided for, and the larger ratio of the chronic to the curable inmates of our institutions at the present time, as compared with that of twenty-five years ago, have rendered it necessary and admissible to treat a much larger number of patients in one institution than was then considered proper. Like many institutions of government, education and business, those for providing for the insane have grown upon our hands until they have become much larger than was antici-

*Miss D. L. Dix.

pated when those propositions were framed and adopted. Other things being equal, the evidence of experience and authority shows that hospitals having 500 patients are managed as advantageously to their inmates, and quite as economically, as those having half that number; and there is nothing in experience, nor, to my mind, in theory to show that hospitals containing a still larger number of inmates, "embracing," in the language of the fifth proposition of the series of 1866, "the usual proportions of curable and incurable insane in a particular community," are not equally well managed. Of course it is necessary, and, I believe, conducive to the welfare of patients and the advancement of the specialty, that the ratio of staff-physicians should not only be proportionate to the number and character of the patients, but that the physicians should be charged with more authority and responsibility than they usually possessed twenty-five or more years ago. That they should be men of ability, liberal education, and sound principles, no one will deny. It does not appear to me that the number of assistant physicians required in large institutions for the insane can be determined by a rule of universal applicability, but I think that a proportion of one to one hundred cases of active disease, whether acute or chronic, and one to two hundred chronic cases that are ordinarily quiet and orderly, will, on the one hand, afford no opportunity for the rust and vices of idleness, and will, on the other, be sufficient for the performance of every useful professional office in the medical and moral treatment of the patients, with time for the relaxation necessary to the maintenance of cheerful health, and for professional and general improvement.

The prevalent overcrowding of institutions for the insane, is highly prejudicial to the welfare of their inmates. Not only should this be avoided by the provision of ample room for the number of cases under treatment, but the facilities of classification or ward separation possessed by institutions which receive all the insane of a community, should considerably exceed those ordinarily provided, in order that, in addition to the usual classification based mainly on conduct and the activity of disease, there should be sub-classes of epileptics, of dipsomaniacs, of regularly working patients, and of patients who are too demented, or who, though able, are too indolent to work—each of these classes requiring some special provision and treatment.

In enlarging district institutions, in addition to extending the original structure as far as it will admit, I think that one or more detached buildings or wards may be desirable in effecting all useful proposes of subdivision. I certainly see no objection to them for the use of the quiet classes of agricultural patients, if not placed too far from the main structure, if

the topography of the grounds favor the erection of such wards, and if it be thought otherwise desirable; but I should always consider it an indispensable condition of good management, that the assistant physician having immediate charge of the inmates of a block or group of blocks, should have such a residence that he could not only conveniently see his patients often, but that he could be readily consulted at all hours of the day and night. In some cases, the fitness of accommodations might be most economically and conveniently secured by the erection of new and improved buildings on the same grounds with old and imperfect ones, and the devotion of the former to the recent cases and their suitable associates among the chronic, and of the latter to the most hopeless cases or to those belonging to the collateral classification which I have recommended.

When a district institution contains as many as 600 patients of both sexes, and the number is likely to considerably increase, a second complete set of hospital buildings should be provided in the same neighborhood, and, if practicable, on continuous grounds, and the sexes separated by retaining one in the old buildings and placing the other in the new. The buildings for each sex should be separately inclosed, and not much less than half a mile distant from each other, unless a hill or wood should present a natural barrier to the view and hearing of one from the other. The two sets of buildings being in the same neighborhood, patients of both sexes can at the same time be accompanied to and from them by the same friends or officers, and the same relatives can visit patients of both sexes by one journey, which will not unfrequently be both a convenience and a saving of expense. The employment of each sex will conveniently and economically supplement that of the other. The men will raise vegetables, milk, etc., for both establishments, and the women may do the washing, mending, etc., for the men as well as for themselves. The separate care of each sex will render admissible many relaxations of the restraints to personal liberty that prudence requires when both sexes occupy connecting wings of the same continuous structure. After the separation, the superintendent may remain in charge of both establishments, with an adjunct in immediate charge of each, or there may be an independent superintendent of each, under the same board of management, as circumstances may render most expedient.

All public buildings, particularly those belonging to a government of the power and dignity of a State or Province, should present just claims to architectural fitness and taste. Edifices occupied by the insane should be at least neat and cheerful in their appearance; and their construction of durable materials, in the most enduring manner, will prove most economical in the end. Cost should be held subordinate to every essential sanitary pro-

vision, as drainage, ventilation, the supply of light, heat and water, and abundant room and means of classification; and just in proportion as such provisions are subordinated to necessary cost in the construction and fitting up of buildings for the insane, do these become custodial receptacles which deny to their inmates the benefits of hospital treatment. There is, however, some incongruity in providing highly ornamental and costly structures mainly for the treatment of the insane poor, most of whom have little or no æsthetic capacity to appreciate and be benefited by the extra outlay for that purpose; and it may be feared that the taste and ambition of legislatures that at one period authorizes the high embellishment of hospital structures at considerable cost, will at another be accused of extravagance, and that, in the strifes of political parties, such expenditures will be made the pretext, if not the real reason, for withholding appropriations for the most necessary purposes. Happily, the first cost of the essential provisions for the most humane and beneficial treatment of the insane of the dependent classes has now been determined by a wide and varied experience, and is found to be much less than has been sometimes expended for the purpose, and not to exceed the means of any State. What the States and Provinces have already accomplished in this direction, and most of it in the short period of less than fifty years, while they have been at the same time not only providing their capitols, court-houses, penitentiaries, and other buildings that directly appertain to the necessary functions of government, and also making considerable outlays for institutions for the blind, for the deaf and dumb, and for feeble-minded youth, affords as positive a guaranty as anything that lies in the future can, that at no distant day all of them will adequately care for all their insane poor, as well as no little excuse for what appears to impatient benevolence and sometimes unpractical science, to be inexcusable tardiness in the discharge of their imperative duty.

Discussion on Dr. Nichols's Paper.

After the reading of the preceding paper, Dr. Isaac Ray, of Philadelphia, said:—The increase of insanity among us has led to much inquiry as to the best means of caring for its subjects, who are mostly of the indigent class, with the greatest degree of economy compatible with a proper regard to their comfort and cure. One of the conclusions arrived at by many intelligent men, some of them superintendents of our hospitals for the insane, is that the larger our hospitals, the more cheaply they may be built and maintained. This conclusion I have always regarded as unsound, and the more the experiment has been tried, the more it has confirmed me in this opinion. True, an institution for 200 patients would, undoubtedly, cost

less, proportionately, than one for 40 or 50 patients, other things being equal. But the rule is not absolute. There comes a point where the economical result is reversed, so that the larger the hospital, the more expexsive it will prove. Indeed, it would be hard to show how increase in size can be followed by decrease in expense. A well organized hospital-staff should consist of a superintendent, two assistant physicians, a steward, matron, and a force of attendants equal to one to every five or ten patients. A farmer, and more or fewer assistants, will be needed for outside work. Not less than this is required in a hospital of 300 patients. Consequently, a hospital for 600 must require double the number of assistant-physicians, and double the number of attendants, and of indoor and outdoor servants. The matron and steward will each require a helper. Where or how the cost of maintenance is dimmished, is not very obvious. True, the cost of one superintendent is supposed to be saved, but, unquestionably, the larger the establishment the larger would be the salary of the superintendent, and as more care and responsibility would be thrown on the assistants, their compensation would naturally be increased. So that little, if anything, could be saved in that direction. Besides, I believe, it is generally understood among those who have had some experience in the financial history of institutions requiring the expenditure of more or less money, that the practice of economy is much affected by the amount of money disbursed. The smaller it is, the more frugally it is spent. In the daily handling of large sums, there comes, as a result of such familiarity, a sort of contempt for small sums not likely to produce the strictest economy. This is human nature, and implies no lack of honesty or sagacity. Though not very familiar with the reports of our hospitals, of late years, yet I have the impression that our largest hospitals show no decided advantage over the smaller, in the cost of maintenance. Any little difference in their favor may be, very likely, the result of other causes. According to the report of the Willard Hospital, for the year 1874, the average cost was $3.17 per week, if I recollect rightly, which is little less than it is in some of our smaller State hospitals. And yet it is supposed that in the former the patients are all of the kind that can be properly maintained at the least expense. And this figure is likely to be increased in future years, by the repairs and renewals, always a formidable item in the expenditures, and none the less, certainly, where the buildings are cheaply constructed, and all the appointments of a makeshift kind.

Nor do I see how the expense of construction can be diminished by the plan much favored just now, of having the hospital consist of several buildings, separate and independent, scattered over the premises, instead of

a single structure receiving all the patients under its roof. The idea that anything is gained by this mode of construction is such an obvious fallacy that one hardly knows how to meet it. It certainly has always been supposed that, in building, the less you have of wall and roof, the less will be the first cost; and if that be so, it is self-evident that 20 or 30 patients can be more cheaply provided for in a hall, in the usual way, than in a building designed only for them. Nor does it need any special proof to show that the expense of warming and ventilating several detached buildings must be far greater than would be needed for a single one of equal capacity. The fact is obvious at sight. In short, the clamor against "palatial" structures, to use the popular phrase, is little better than claptrap, thoughtlesssly used by people supremely ignorant of the cost of building at the present day, as well as of the peculiar requirements of a hospital for the insane. As the result of my own observation and experience, I am convinced that four hospitals for 300 patients each, can be both built and maintained at a less cost than one for 1,200 patients, equal provision being made in both cases for the kind of care to which the insane, even in the lowest grades of the disease, are entitled.

I doubt, however, whether it is possible to have, in these mammoth establishments, certain qualities of administration indispensable to their highest purposes. The animating spirit, the close and thorough supervision, inspiring, guiding, correcting every movement, and essential to our highest idea of hospital management, will be but feebly manifested under such conditions. The patient is but an atom in the great mass around him, losing the attributes of humanity, sane and insane, in the technical character of patient.

Contending as I now do, and as I always have done, against the establishment of large hospitals, I cannot give an unqualified approval to Dr. Nichols's paper. With this exception, however, I heartily concur in all his conclusions.

Dr. Thomas S. Kirkbride, of Philadelphia, said:—I am sure that we must all appreciate the value and importance of the excellent paper which we have just heard read. There is little in it with which I do not agree entirely. On one point, however, I must confess that my views differ from those expressed by my excellent friend, and that is, in regard to the best size for hospitals for the insane. We all know that this is a point on which there has, of late years at least, been a difference of opinion in the Association of Medical Superintendents. As it now stands, indeed, it is the only one of our many propositions that has not received an unanimous, or very nearly unanimous, approval by the members. I still believe that the original proposition was right. I believe that the size then recommended

is really better than any other, but I am also fully aware of all the arguments that can be brought to justify much larger hospitals, especially those of *expediency* and even *possibility*. It is fully shown by reliable statistics, as I believe, that the people of the State will derive more benefit from several small hospitals in different parts of the State, than from one large one at a central point; and I think that it will also be found that the former can be provided with quite as small an expenditure of money, and can be carried on at no greater cost per patient.

Dr. Nichols has recommended the plan, which has now been fully tested, and which, even by the first decision of the Association, allows as many as 500 patients being collected in one vicinity; and this is by having separate hospitals for the sexes. This plan I feel that I have a right to say is no longer an experiment. A trial of sixteen years under my own observation has shown that, in every respect, it is a most valuable arrangement, having many advantages and no disadvantages. It has also received unqualified approbation from many other distinguished psychologists in addition to Dr. Nichols. I am aware that it has been said that, while I argue in favor of hospitals for 250 patients, practically, I have been providing one to accommodate twice that number. This, however, is a mistake. The Pennsylvania Hospital for the Insane, at Philadelphia, is really made up of two entirely distinct hospitals, one for each sex, and it has been so, as already said, for more than sixteen years. Both hospitals has the same board of managers, and, for reasons not necessary to detail here, have always had the same physician-in-chief and superintendent. It is anticipated, however, that ultimately each will have its own separate superintendent, and that the only connection between them will be the board of managers.

Now, what we have done, is exactly what I would propose for any hospital. First build your hospital for 250 patients. This will commonly be occupied by both sexes. When this is filled, or nearly so, build another for a similar number of patients. Separate the sexes; have distinct organizations—all on the same tract of land, but with entirely separate pleasure-grounds. There may be the same water-works, gas-works, bakery, machine-shop, and other common arrangements, that will add to the economy of the institution. This provides for 500 patients in one locality, and yet conforms to the original proposition of the Association. I do not propose entering into an extended discussion of the reasons why I believe that these smaller hospitals have advantages, but there is one that I cannot avoid referring to, and that is the personal intercourse which a superintendent is able to give to his patients, when their number is not so great as to prevent his paying daily, or very nearly daily, visits to each. I believe this to be one of the

most important of all his duties, and one which generally, if he is rightly constituted for his position, *no one can do for him.* It is true that an assistant may be superior to his chief in this respect, but this is not to be anticipated, and if it is so, the assistant ought to have charge of a hospital himself. Two hundred and fifty patients, or about that number, are as many as any superintendent can visit daily, with tolerable satisfaction to himself and to them.

Now, I do not wish to be misunderstood in this matter. I still think, as the Association at first thought, that this size of 250 is the very best, but I do not mean to say that no other is admissible. I am well aware how much easier it is to get an appropriation for the extension of a hospital, than for the building of a new one. What I mean to say is this:—Build your hospitals, in different parts of a State, of a capacity for 250 patients, and in sufficient numbers to accommodate *all* your insane, *if you can do so.* If you cannot do this, and yet can build single hospitals for 500, 700, or even 1,000 patients at one point, by all means do so. The hospitals you must have at all hazards. If you cannot get what I regard as the best arrangement, come as near to it as you can, let the size be what it may.

The President, Dr. John P. Gray, of Utica, said:—I should object to putting buildings half a mile apart, if for no other reason, because such an arrangement would render it difficult, if not impossible, for the superintendent to consult constantly with his subordinate officers. I was chairman of the commission which located the Willard Asylum. We found the point on the lake the most desirable place for the main hospital building; the building now called the "branch," and more than half a mile away, was then erected: it was the old State Agricultural College, and was subsequently remodeled to receive patients. But there is a resident physician in the "branch," as there are in other separate buildings, since constructed, and these physicians, for all practical purposes, exercise the power and control of resident superintendents, for the communication between these distant structures and the main hospital-building is by telegraph. Although that is an institution for the subjects of chronic insanity, there are five medical men, a superintendent and four assistants, for a thousand patients—and they are needed. Though as a commissioner I voted to place the main building on the lake, I did not like the feature of having buildings half a mile or more apart. In this instance it seemed a necessity, though undesirable.

As to the other question, as to the number to be recommended in a single institution, or under one superintendent, there is great difference in opinion. Some think it just as practicable to have 2,000 as 1,000, or less.

I think that 600, the maximum of the proposition of the Association of Superintendents, passed a few years ago, is as many as should be under one superintendent, even if the buildings be separated, and each have a resident physician. In England, some of the best public institutions are larger than those in this country, and, according to Dr. Bucknill, in his recent letters on American Asylums, published in the *Lancet*, are not as well supplied with medical officers. That at Wakefield, the West-Riding Asylum, standing at the head, has 1,800 patients.

In reply to the criticisms of Dr. Kirkbride on the qualifications of assistant physicians, I think it important to have assistants who have had hospital experience. I should object to taking young men just out of a medical college, and without medical experience, and putting them in such esponsible places. Dr. Kirkbride's remarks as to qualifications would apply with double force in an asylum where the buildings were separated.

Note.—As the foregoing paper is reprinted and will be circulated solely with the hope that it may throw a welcome light upon the paths of those enlightened and benevolent men who, with special difficulties in almost every case, are striving to extend the provisions for the dependent insane, of their respective States and Provinces, until all classes shall receive the care to which they are entitled, I think it proper to append to it the discussion which followed its reading, as reported in *The Transactions of the Centennial Medical Congress*, in order that parties interested may have the benefit of two or three shades of opinion in respect to the best size of State and Provincial institutions for the insane.

I am by no means a special advocate of very large institutions for the insane. The history of existing provisions for the insane in America shows conclusively, to my mind, that neither the States nor Provinces will provide hospitals or asylums of a maximum capacity for 250 patients, sufficient for all the poor or dependent insane, simply because the cost of construction and maintenance is less per patient in large hospitals than in small ones. I am, therefore, strongly in favor of accepting large hospitals as the essential condition of properly providing for all the insane, acute and chronic; especially as I feel sure that no one who will put the question to the crucial test of critical observation will deny that among the institutions in charge of members of the Association of Superintendents that are *in all respects* managed as well as any others, are several that contain from 450 to 750 patients.

C. H. Nichols.

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